Application for Membership

*Complete this form or join online at www.ncmedsoc.org/join (select “specialty societies” from the drop down menu)*

Section I

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |       | Credentials: | [ ]  MD, [ ]  DO, |       |
| [ ]  Male | [ ]  Female | Date of Birth: |       | Married? [ ]  Yes | Spouse’s Name |       |
| Email: |       | Cell Phone: |       |
| Practice Name: |       | Fax Number: |       |
| Business Address (preferred mailing address? [ ]  Yes): |  | City, State, Zip: |  | Business Telephone: |
|       |  |       |  |       |
| Home Address (preferred mailing address? [ ]  Yes): |  | City, State, Zip: |  | Home Telephone: |
|       |  |       |  |       |

Section II

|  |  |  |  |
| --- | --- | --- | --- |
| Medical School: |       | Year of Completion: |       |
| Residency Program: |       | Year of Completion: |       |
| Fellowship Program: |       | Year of Completion: |       |
| North Carolina Medical License Number: |       |
| Is your practice limited to spine surgery? | [ ]  Yes | [ ]  No |  |
|  |  | If no, additional practice area(s): |       |

Section III

|  |  |  |
| --- | --- | --- |
| Membership Type, Dues and Application Fee: | [ ]  $225 Active Member (ORS or NS spine surgeon) | [ ]  $0 Associate (resident or fellow-in-training) |
|  | [ ]  $75 Affiliate Member (nurses, technicians, PAs, PA-Cs employed by an Active Member) | [ ]  $0 Retired (retired from active clinical practice) |
| Payment Options: | [ ]  Check payable to NC Spine Society | [ ]  MasterCard | [ ]  Visa | [ ]  AMEX |
| Card number: |       | Exp. Date: |       | CVV: |       |
| Applicant’s Signature |  | Date: |       |

**Please sign your completed form and return it with your payment by mail or fax to:**

NCSS, PO Box 27167, Raleigh, NC 27611 | Fax: 919-833-2023